## **CDC-Hubert Global Health Fellowship**



# **Background**

Established in 1998, the CDC-Hubert Global Health Fellowship is designed to encourage medical and veterinary students to gain a global perspective of public health through an experiential learning opportunity. Each year, the fellowship provides an opportunity for 10 third- and fourth-year medical and veterinary students to learn more about public health and gain valuable international experience via a global field assignment. Students establish relationships with, and are trained by, recognized experts from CDC and other national and international health agencies.

#### CDC-Hubert Fellows in Action

The CDC-Hubert Global Health Fellowship allows medical and veterinary students to learn new skills and obtain training in priority public health areas. CDC-Hubert fellows spend 6–12 weeks in a developing country working with field teams from CDC. From 2005 to 2010, Hubert fellows participated in epidemiology-related assignments covering a wide variety of subject areas, such as:

- Avian influenza
- Foodborne parasites
- HIV/AIDS
- Rabies

- · Birth defects
- Rotavirus
- Vaccines
- Emerging infectious diseases

## **Eligibility**

To qualify for the CDC-Hubert Global Fellowship, the applicant must be:

- A medical or veterinary student in the second or third year when applying
- Enrolled in a school accredited by one of the following:
  - Liaison Committee on Medical Education
  - American Osteopathic Association
  - American Veterinary Medical Association
- Covered by medical insurance during the fellowship
- A U.S. citizen or permanent resident
- Available to attend the fellowship orientation held the third weekend in January of the fellowship year (unless out of the country on field assignment)

How to Apply

Qualified medical and veterinary students interested in the fellowship should visit the website listed below. Applications are posted in mid-January and are due in late-February.

Check us out online: http://www.cdc.gov/HubertFellowship

CDC-Hubert Global Health Fellowship Phone: 404-498-6128 1600 Clifton Road, N.E.

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The CDC-Hubert Global Health Fellowship is made possible by the joined efforts of CDC and the CDC Foundation with an endowment established by the O.C. Hubert Charitable Trust; additional support is provided through an educational grant from External Medical Affairs, Pfizer Inc.

Office of Surveillance, Epidemiology, and Laboratory Services

Scientific Education and Professional Development Program Office



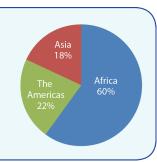
#### **CDC-Hubert Fellow Activities**

#### **Examples of fellowship projects include:**

- Emerging Infectious Diseases at the Human-Animal Interface: Focus on Bats as Hosts and Vectors — Thailand
  - Working to identify and characterize various zoonotic diseases, a CDC-Hubert fellow helped determine the prevalence of current and potentially new pathogens in the Thai bat population through bat collection, necropsy, and sampling. This study is expected to help decrease the prevalence of rabies by educating people who live and work in close proximity to bat caves about rabies prevention.
- Chagas Disease: Molecular and Epidemiological Approaches Peru
   A CDC-Hubert fellow worked on a longitudinal cohort study that focused on
   understanding the epidemiology (dynamics of transmission) and ecology (host
   factors and genetic diversity) of American Trypanosomiasis (Chagas disease)
   and improving the methods used by the Peruvian Ministry of Health to treat
   individuals with Chagas disease. Ultimately, this will help decrease the burden
   of Chagas disease in Peru.
- Population-based Surveillance for Emerging Infectious Diseases Kenya A CDC-Hubert fellow participated in an evaluation study of the two-dose, preservative-free 10-valent pneumococcal vaccine introduced to Kenya in 2011. This study focused on investigating the vaccine safety and minimizing adverse effects, such as injection-site abscess, toxic shock syndrome, and death.
- Sentinel Surveillance for Influenza Preparedness Kenya
  A CDC-Hubert fellow participated in an ongoing avian and swine flu surveillance
  project. The fellow monitored changes in Pandemic H1N1 influenza in Kenya
  through the development of a rapid response and early warning system. Focus
  was also placed on the development of effective and appropriate interventions
  and communications strategies. The project helped to better understand the
  diseases, transmission routes, and prevention and control measure.

# Continents of Placement 2005–2010 (N = 68)

- Africa: Botswana, Cameroon, Democratic Republic of Congo, Egypt, Ethiopia, Ghana, Kenya, Malawi, South Africa, Uganda
- Asia: Bangladesh, India, Thailand, Vietnam
- The Americas: Guatemala, Panama, Peru





### **Alumni Feedback**

- A fellow working on population-based surveillance for emerging infectious diseases stated, "I feel that my time in Kenya affirmed my desire to train in internal medicine-pediatrics and to pursue a career in global public health."
- Another fellow in Kenya working on an influenza sentinel surveillance project mentioned, "I've learned to be flexible and understanding of the different speed at which things happen in global health research."
- A fellow tackling molecular and epidemiological approaches to Chagas disease
  in Peru recalls, "At first it was very difficult for me to function in an environment that
  operates very differently from what I am used to in the U.S. I've learned that since
  I can't always control external factors, I should instead focus my energies on what
  is more within my realm to control in order to have a successful international field
  experience."